

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

04115

1. PLACE OF DEATH COUNTY <u>Talbot</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Bellevue</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bellevue</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Edward</u> (First) <u>Adams</u> (Middle) <u>Adams</u> (Last)		4. DATE OF DEATH <u>April 24</u> 19 <u>51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Black</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 5</u> 18 <u>84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE last birthday <u>67</u> yrs. If under 1 year: Months <u>11</u> Days <u>19</u> Hours <u>19</u> Min.
11. BIRTHPLACE (State or foreign country) <u>Baltimore Md</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>George Adams</u>		14. MOTHER'S MAIDEN NAME <u>Maria Thomas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No. <u>Charles Adams, Baltimore Md</u>	
17. INFORMANT AND ADDRESS			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Acute Uremia

INTERVAL BETWEEN ONSET AND DEATH

Several yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Nephritis, Generalized Arteriosclerosis

(c) Senility and Hypertension

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Senility

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) Not any

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☒ No

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 21, 1951 to Apr. 24, 1951, that I last saw the deceased alive on Apr. 22, 1951, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, DATE THEREOF, REMOVAL (Specify)

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

100105

RECEIVED
MAY 1 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

04116

1. PLACE OF DEATH- COUNTY <u>Talbot</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Easton</u> TOWN <u>Easton</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Easton Memorial Hospital</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Pennsylvania</u> COUNTY <u>Delaware</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Norwood</u> TOWN <u>Norwood</u> STREET ADDRESS (If rural, give location) <u>61 Ames Land Road.</u>	
3. NAME OF DECEASED (Type or Print) <u>Mr. Alexander</u>	(First) <u>Bladen</u>	(Middle) <u>Bladen</u>	(Last)
4. DATE OF DEATH <u>April 6</u>	(Month)	(Day)	(Year) <u>1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>	8. DATE OF BIRTH <u>12-24-1900</u>
9. AGE last birthday <u>50</u> yrs.	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant Marine</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SEAMAN</u>	11. BIRTHPLACE (State or foreign country) <u>Ind</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Mr. Salem Bladen</u>	14. MOTHER'S MAIDEN NAME <u>Mary Alton</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>U.S. Army</u>	
16. SOCIAL SECURITY No. <u>162-09-7906</u>		17. INFORMANT AND ADDRESS <u>Ms. Alex Bladen 61 AMESLAND RD. NORWOOD PA</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) <u>Gastric Hemorrhage</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
Antecedent cause(s) (b) <u>alcoholic gastritis</u>	<u>?</u>
(c) <u>stating the underlying cause last</u>	

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5-, 1951, to 4-6-, 1951, that I last saw the deceased alive on 4-6-, 1951, and that death occurred at 9:27 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>4/10/51</u>	NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	LOCATION (City, town, or county) <u>Norwood Pa</u>
DATE REC'D BY LOCAL REG. <u>4/7/51</u>	REGISTRAR'S SIGNATURE <u>N. A. Nevius</u>	24. FUNERAL DIRECTOR <u>D. A. Griffith</u>	ADDRESS <u>Norwood Pa</u>

673-546

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 16 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

04117

1. PLACE OF DEATH COUNTY <u>Talbot</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		LENGTH OF STAY (in this place) <u>60 yrs</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>1275 Nye Ave</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>1275 Nye Ave</u>				STREET ADDRESS (If rural, give location) <u>Easton Md.</u>	
3. NAME OF DECEASED (Type or Print)		(First) <u>Charles</u>		(Last) <u>Brunker</u>	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>8</u> (Year) <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 22-1958</u>	9. AGE last birthday <u>93</u> yrs.	If under 1 year Months <u>14</u> Days <u>14</u> Hours <u>14</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Salvage</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Luke Brunker</u>		14. MOTHER'S MAIDEN NAME <u>Charles Brunker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>218-10-4410</u>		17. INFORMANT AND ADDRESS <u>Charles Brunker, Easton Md.</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>14 CVD</u>		<u>?</u>
Antecedent cause (b) <u>arteriosclerosis, generalized</u>		<u>?</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>93d</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940 to April 8, 1957, that I last saw the deceased alive on 4-7-1957, and that death occurred at 3:55 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	DATE THEREOF <u>Apr-10-1957</u>	NAME OF CEMETERY OR CREMATORY <u>Spring Hill Cemetery</u>	LOCATION (City, town, or county) <u>Easton Md.</u>	(State) <u>Md.</u>
DATE REC'D BY LOCAL REG. <u>4/9/57</u>	REGISTRAR'S SIGNATURE <u>N. H. Neekes</u>	24. FUNERAL DIRECTOR <u>John W. Williams</u>	ADDRESS <u>Easton Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 16 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Federalburg</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>200 South Aurora Street</u>		STREET ADDRESS (If rural, give location) <u>Park Lane</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Caroline</u> (Middle) <u>Virginia</u> (Last) <u>Christopher</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>4</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 2, 1867</u>
9. AGE last birthday <u>83</u> yrs.		10. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Dorchester Co., Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Robert D. Bradley</u>		14. MOTHER'S MAIDEN NAME <u>Catherine Noble</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Roberta B. Wheatley, Federalburg, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 1948, to 4 Apr 1951, that I last saw the deceased

alive on 5 Apr 1951, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

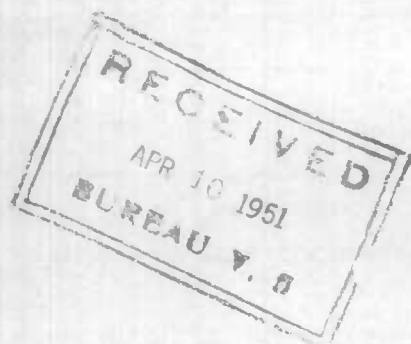
ADDRESS

MARGIN RESERVED FOR BINDING

VS. A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

720826



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04119

Item 9, shown on:

FILE NO. G 132 APR 25 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH - COUNTY <u>TALBOT</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>MD</u> COUNTY <u>TALBOT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>HELEN</u> (Middle) <u>ELIZABETH</u> (Last) <u>COPPER</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>11</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 55</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>	
11. BIRTHPLACE (State or foreign country) <u>Talbot Co. Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT AND ADDRESS <u>Russell Wells</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
Immediate cause (a) <u>Cerebral Vascular Accident</u>			
Antecedent cause(s) (b) <u>831X 83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>			
II. OTHER SIGNIFICANT CONDITIONS (c) <u>Left Hemiplegia</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 19, 1951, to April 11, 1951, that I last saw the deceased alive on April 11, 1951, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE Lee F. Bull (Degree or title) MD ADDRESS Easton Md DATE SIGNED 4-12-51

23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>4/14/51</u>	NAME OF CEMETERY OR CREMATORY <u>Richmond Cemetery</u>	LOCATION (City, town, or county) <u>Easton Talbot Co. Md</u>
DATE REC'D BY LOCAL REG. <u>4/12/51</u>	REGISTRAR'S SIGNATURE <u>N.H. Neerius</u>	24. FUNERAL DIRECTOR <u>Embry & Offord</u>	ADDRESS <u>Easton Md</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 13 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

04120

1. PLACE OF DEATH COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Federalburg</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>Infant</u> (Middle) (Last) <u>Dean</u>		(Month) <u>April</u> (Day) <u>22</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
			<u>April 22, 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday
			<u>yr.</u> <u>7</u>
11. FATHER'S NAME <u>Joseph Peter Dean</u>		12. CITIZEN OF WHAT COUNTRY?	
		<u>Mother, Federalburg</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		14. BIRTHPLACE (State or foreign country)	
(If yes, give war or dates of service)		<u>Maryland</u>	
15. SOCIAL SECURITY No.		16. INFORMANT AND ADDRESS	
		<u>Rassie Stuart</u> <u>Mother, Federalburg</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) <u>Premature</u>		
(b) <u>Antecedent cause(s)</u> Diseases or conditions, if any, giving rise to the above cause stating the <u>underlying cause last</u>		
(c) <u>776X</u> <u>159</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
	INJURY	
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 22, 1951, to April 22, 1951, that I last saw the deceased alive on April 22, 1951, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE John C. Rawlin (Degree or title) MD ADDRESS Federalburg Md DATE SIGNED 23 April 51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Cremation</u>	<u>April 22, 1951</u>	<u>Memorial Hospital</u>	<u>Easton, Maryland</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
<u>4/22/51</u>	<u>N.H. Neeriss</u>	<u>Memorial Hospital Easton Md</u>		

20-4-22-1-32-1-26-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 26 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

04121

1. PLACE OF DEATH COUNTY <u>Tallon</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Tallon</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>306 North Street</u>	
3. NAME OF DECEASED (Type or Print) <u>Deborah</u> (First) <u>Sail</u> (Middle) <u>Dodd</u> (Last)		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>8</u> (Year) <u>1951</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>April 4, 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>4</u> yrs. If under 1 year: Months <u>4</u> Days <u>8</u> Hours <u>19</u> Mins.
11. BIRTHPLACE (State or foreign country) <u>Easton, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>Mr. John C. Dodd, Jr.</u>		14. MOTHER'S MAIDEN NAME <u>Catherine Irma Lee Everingham</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>(If yes, give war or dates of service)</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>Mr. John C. Dodd Jr</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 4-4, 1951, to 4-8, 1951, that I last saw the deceased alive on April 8, 1951, and that death occurred at 1:29 p.m., from the causes and on the date stated above.

SIGNATURE John E. Bayliff (Degree or title) MD ADDRESS 214 Dover St Easton Md DATE SIGNED 4-14-51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Incinerated</u>	DATE THEREOF <u>4/9/51</u>	NAME OF CEMETERY OR CREMATORY <u>Memorial Hospital</u>	LOCATION (City, town, or county) <u>Easton</u>	(State) <u>md</u>
DATE REC'D BY LOCAL REG. <u>4/9/51</u>	REGISTRAR'S SIGNATURE <u>N.A. Nevins</u>	Funeral Director <u>Memorial Hospital</u>	ADDRESS <u>Easton Md</u>	

2041541 253261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Pt received wit K gzh & blood.

RECEIVED

APR 24 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>Talbot</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Easton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>R. 1. B.</u>	
3. NAME OF DECEASED (Type or Print) <u>Mrs. Anna Malin Christian Dulin</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>22</u> (Year) <u>1951</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 26, 1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>N. W.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE last birthday <u>78</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Mfn.
11. FATHER'S NAME <u>Mr Charles Christian</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. MOTHER'S MAIDEN NAME <u>Henrietta Malin</u>		14. BIRTHPLACE (State or foreign country) <u>MD (Talbot Co)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mr George Elmer Dulin</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

Years

Antecedent cause(s)

(b)

Generalized ArteriosclerosisYears

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, etc.) OF OFFICE bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dec., 1949, to 4/22, 1951, that I last saw the deceased alive on April 22, 1951, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>4/25/51</u>	<u>Spring Hill</u>	<u>Easton</u>	<u>MD</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>4/23/51</u>	<u>M. H. Neer</u>	<u>M. E. Newman & Son</u>	<u>Easton, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

04123

1. PLACE OF DEATH - COUNTY <u>Talbot Co.</u>		Eaton MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		LENGTH OF STAY (in this place) <u>2 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cordova, Maryland.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Easton Memorial Hospital</u>				STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>Norman</u> (Middle) (Last) <u>Flamer</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>31</u> (Year) <u>1957</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 2, 1896</u>	9. AGE last birthday <u>55</u> yrs.	If under 1 year Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Delaware</u>	
13. FATHER'S NAME <u>William A. Flamer</u>		14. MOTHER'S MAIDEN NAME <u>Emily Lunnell</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT AND ADDRESS <u>Samuel Flamer, Cordova</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Septicemia, possibly Bacteremia

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

No blood report gave it positive, (6-28-51 - ams)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 4-19, 1957, to 4-21, 1957, that I last saw the deceased alive on 4-21, 1957, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>4/24/57</u>	NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u>	LOCATION (City, town, or county) (State) <u>Goldboro Md.</u>
DATE REC'D BY LOCAL REG. <u>4/22/57</u>	REGISTRAR'S SIGNATURE <u>N.H. Neer</u>	24. FUNERAL DIRECTOR <u>R.B. Rawlings</u>	ADDRESS <u>Goldboro Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 1 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04124

Items 8 & 9:

Form No. G 132 APR 30 1951

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>EASTON MD</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>EASTON</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>AURORA ST - South</u>		STREET ADDRESS (If rural, give location) <u>AURORA ST - South</u>	
3. NAME OF DECEASED (Type or Print) <u>CHARLES</u>		4. DATE OF DEATH (Month) <u>APRIL</u> (Day) <u>22</u> (Year) <u>1951</u>	
6. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>4/22/1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL</u>	9. AGE last birthday <u>59</u> yrs.
13. FATHER'S NAME <u>Not known</u>		14. MOTHER'S MAIDEN NAME <u>Not known</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WORLD WAR I</u>		17. INFORMANT AND ADDRESS <u>ESSIE FOX - EASTON MD</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a)

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 50, 1950, to 22 Jan, 1951, that I last saw the deceased alive on 21 Jan, 1951, and that death occurred at 22 Jan m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>4/24/1951</u>	<u>Hebrew Burial Society</u>	<u>Balto</u>	<u>Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
<u>4/24/51</u>	<u>Dr. W. H. Smith</u>	<u>First Seuro Inc - 2100 Eutaw Pl</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

290699

1951
35
568

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 29

04125

1. PLACE OF DEATH COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>St. Michaels</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>St. Michaels</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location) <u>Talbot Street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Lurley</u>	(Middle) <u>L.</u>	(Last) <u>Granger</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>June 13 1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	9. AGE last birthday <u>54</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Oxford, Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>William A. Granger</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Goddard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT <u>E. R. Granger</u>		<u>Chestertown Md.</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary occlusion

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased

alive on....., 19....., and that death occurred at....., 19....., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

April 3, 1951 Mrs. Robert L. Seck

Newman & Harrison, St. Michaels Md.

290646

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1938
1896

54



MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles Street, Baltimore
CERTIFICATE OF DEATH

04126

Reg. Dist. No. 296

1. PLACE OF DEATH COUNTY <u>Salbot Co</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Mary Del.</u>	
TOWN <u>Easton</u>		TOWN <u>Mary Del.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Equator Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u></u>	
3. NAME OF DECEASED (Type or Print) <u>Norman William Hackett</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>21</u> (Year) <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 13, 1897</u>
9. AGE last birthday <u>73</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Equator</u>	11. BIRTHPLACE (State or foreign country) <u>MD</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>Alexander Hackett</u>	
14. MOTHER'S MAIDEN NAME <u>Henrietta Pilzay</u>		15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) <u>Unknown</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT AND ADDRESS <u>John Hackett - Maryland Md</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Uremia</u>		<u>1 week</u>
Antecedent cause(s) (b) <u>610X Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>	<u>primary obstruction hypertrophied prostate</u>	<u>1 year +</u>
(c) <u>chronic nephritis</u>		<u>" +</u>
II. OTHER SIGNIFICANT CONDITIONS	<u>arterio-sclerosis</u>	<u>" +</u>
19a. DATE OF OPERATION <u>April 15, 1957</u>	19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophied prostate benign (?)</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>INJURY</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u></u> (CITY OR TOWN) <u></u> (COUNTY) <u></u> (STATE) <u></u>	
TIME (Month) (Day) (Year) (Hour) <u></u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u></u>

22. I hereby certify that I attended the deceased from Apr 15, 1957, to Apr 21, 1957, that I last saw the deceased alive on Apr 20, 1957, and that death occurred at 1:35 A.M. from the causes and on the date stated above.

SIGNATURE John F. Schneider, M.D. (Degree or title) ADDRESS Easton Md DATE SIGNED Apr 22, 1957

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>4/24/57</u>	NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>	LOCATION (City, town, or county) <u>Marydel Md.</u> (State) <u></u>
DATE REC'D BY LOCAL REG. <u>4/22/57</u>	REGISTRAR'S SIGNATURE <u>N.H. Neer</u>	24. FUNERAL DIRECTOR <u>R.B. Rawlings</u>	ADDRESS <u>Greensboro Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 1 1951
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH- COUNTY <i>Sachet</i>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>Maryland</i> COUNTY <i>Sachet</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Rural Easton</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Rural Easton</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <i>Elise</i> (First) <i>Hadachi</i> (Middle) <i>Hadachi</i> (Last)		4. DATE OF DEATH <i>April 20</i> 19 <i>51</i> (Month) (Day) (Year)	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 31, 1885</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <i>65</i> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <i>Switzerland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Not Known</i>		14. MOTHER'S MAIDEN NAME <i>Not Known</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Goshitaro Hadachi</i>			

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
(a) Immediate cause <i>Cervical thrombosis</i>			
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>Carcinoma of the ovary & metastases</i>			
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>her</i> , 19 <i>51</i> , to <i>20th</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>18th</i> , 19 <i>51</i> , and that death occurred at <i>6:00 a.m.</i> , from the causes and on the date stated above.			
SIGNATURE <i>Thurston Harrison</i>		ADDRESS <i>h-2</i>	DATE SIGNED <i>20th 51</i>
23. BURIAL, CREMATION REMOVAL (Specify) <i>Cremation</i>	DATE THEREOF <i>April 29, 1951</i>	NAME OF CEMETERY OR CREMATORY <i>Silverbrook Cemetery</i>	LOCATION (City, town, or county) (State) <i>Columbia Md</i>
DATE REC'D BY LOCAL REG. <i>4/20/51</i>	REGISTRAR'S SIGNATURE <i>N.H. Neerius</i>	24. FUNERAL DIRECTOR <i>Robert Clark</i>	ADDRESS <i>Easton Md</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 24 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

04128

1. PLACE OF DEATH- COUNTY <u>District</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>District</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>District</u>		LENGTH OF STAY (In this place) <u>no yrs</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>District</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location) <u>South Annapolis St.</u>	
3. NAME OF DECEASED (Type or Print) <u>Ernest</u>		(First) (Middle) (Last)		4. DATE OF DEATH <u>April 1 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH <u>April 29, 1868</u>	9. AGE last birthday <u>87</u> yrs.	If under 1 year Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unemployed</u>		11. BIRTHPLACE (State or foreign country) <u>Alameda, England</u>	
13. FATHER'S NAME <u>Charles Hemming</u>		14. MOTHER'S MAIDEN NAME <u>W. A. D.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT AND ADDRESS <u>Sam. Hemming</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) <u>Myocardial Infarction</u>	<u>Sudden</u>
Antecedent cause(s)	(b) <u>Arteriosclerotic heart disease</u>	<u>Severe</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c) <u>93d</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1931, to 4/1/1957, that I last saw the deceased alive on 3/20/1957, and that death occurred at 12:05 m., from the causes and on the date stated above.

SIGNATURE W. D. Easton ADDRESS 4/3/57
(Degree or title) DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Buried</u>	<u>April 4, 1957</u>	<u>W. D. Easton</u>	<u>District</u>	<u>MD</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>4/2/57</u>	<u>W. D. Easton</u>	<u>W. D. Easton</u>	<u>District MD</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

100105



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>Sacred</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Sacred</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Offord</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Offord</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <u>Market</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Conway</u> (First) <u>Shelton</u> (Middle) <u>Hodges</u> (Last)		4. DATE OF DEATH <u>April 9</u> 19 <u>51</u> (Month) (Day) (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 28, 1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Marine Dept. Institution</u>	9. AGE last birthday <u>73</u> yrs. If under 1 year Months If under 24 hrs. Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>John Sebastian Bach Hodges</u>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No.	
17. INFORMANT <u>Mrs Angus MacLean</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) <u>Acute Coronary Thrombosis</u>	<u>3 1/2 hours</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Arterio-sclerosis</u>	<u>6 yrs.</u>
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1951, to April 9, 1951, that I last saw the deceased alive on April 9, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE E. A. Lawrence MD (Degree or title) ADDRESS Offord, Maryland DATE SIGNED April 11, 1951

23. BURIAL, CREMATION, or other disposition	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Buried in Cemetery</u>	<u>April 11, 1951</u>	<u>Selmonbrook Cemetery</u>	<u>Washington Del.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>4/10/51</u>	<u>N. H. Neeress</u>	<u>Edwards</u>	<u>Edwards Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 16 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>Talbot Co.</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Ind.</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Tilghman</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Easton Memorial</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>William</u>	(Middle) <u>Carroll</u>	(Last) <u>Jackson</u>
4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>5</u>	(Year) <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 27/5/20 74</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Commercial fisherman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (State or foreign country) <u>Ind. (Tilghman)</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Wm. James Jackson</u>		14. MOTHER'S MAIDEN NAME <u>Susan Covington</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mr. Lynda Jackson Tilghman</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Carcinoma of prostate - Visceral & Bony metastasis</u>			
Antecedent cause(s) (b) <u>Bony metastasis</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>3/9</u> , 19 <u>51</u> , to <u>4/5</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>4/4</u> , 19 <u>57</u> , and that death occurred at <u>2:53 A.M.</u> , from the causes and on the date stated above.		HOW DID INJURY OCCUR?	
SIGNATURE <u>R. E. Cot</u>		ADDRESS <u>Easton Ind.</u>	
DATE SIGNED <u>4/8/57</u>			
23. BURIAL, CREMATION OR REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Apr. 7, 1957</u>	
NAME OF CEMETERY OR CREMATORY <u>Tilghman Cemetery</u>		LOCATION (City, town, or county) <u>Tilghman, Ind.</u>	
24. FUNERAL DIRECTOR <u>Newman & Harrison</u>		ADDRESS <u>St. Michaels Ind.</u>	
DATE REC'D BY LOCAL REG. <u>4/6/57</u>		REGISTRAR'S SIGNATURE <u>H. H. Neeris</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

04130

290

INTERVAL BETWEEN ONSET AND DEATH

2 yrs

20. AUTOPSY?

Yes ☐ No ☒

DATE SIGNED

4/8/57

ADDRESS

St. Michaels Ind.

90126



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

04131

1. PLACE OF DEATH- COUNTY <u>TALBOT</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>md</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Carlton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Carlton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>ELIZABETH JONES</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>20</u> (Year) <u>1951</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov. 2, 1876</u>
9. AGE last birthday <u>74</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>	
11. BIRTHPLACE (State or foreign country) <u>md</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>Jake Cooper</u>		14. MOTHER'S MAIDEN NAME <u>Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT AND ADDRESS <u>Martha Sullivan Easton</u>			
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Chronic Myocarditis</u>		<u>6-10</u>	
922.2 Antecedent cause(s) (b) <u>A vitaminosis</u>		<u>yes</u>	
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Ovarian Cyst large</u>		<u>yes</u>	
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office hldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-17</u> , 19 <u>50</u> , to <u>2-20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-19</u> , 19 <u>51</u> , and that death occurred at <u>2:29</u> m., from the causes and on the date stated above.			
SIGNATURE <u>W. F. Buehl</u>		ADDRESS <u>Easton Md</u>	
DATE SIGNED <u>4-20-51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE <u>4/24/51</u>	
NAME OF CEMETERY OR CREMATORY <u>Kirkham</u>		LOCATION (City, town, or county) (State) <u>Royal Oak Md</u>	
24. FUNERAL DIRECTOR		ADDRESS	
REG. <u>4/23/51</u>		<u>M. A. Neeress</u>	
<u>Earle H. Hafford</u>		<u>Easton Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1720826

RECEIVED

APR 26 1951

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

04132

1. PLACE OF DEATH- COUNTY <u>Tackett</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Tackett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>1692</u>		STREET ADDRESS (If rural, give location) <u>S. Aurora St.</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>James</u> (Middle) <u>Henry</u> (Last) <u>Reester</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>17</u> (Year) <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 1, 1861</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad Employee</u>	9. AGE last birthday <u>89</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Clark County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>William Reester</u>		14. MOTHER'S MAIDEN NAME <u>Juliett Dickson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT <u>Mrs. James W. Reester</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) uremia5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) nephrosclerosis

?

(c) arteriosclerosis, generalized

?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan, 1957, to April 17, 1957, that I last saw the deceased alive on April 11, 1957, and that death occurred at 3:15 m., from the causes and on the date stated above.

SIGNATURE B. Cox

(Degree or title)

ADDRESS M.D. Easton Md

DATE SIGNED

23. BURIAL CREMATION <u>Burial</u>	DATE THEREOF <u>April 14, 1957</u>	NAME OF CEMETERY OR CREMATORY <u>Forest Home Cemetery</u>	LOCATION (City, town, or county) <u>Chicago</u>	(State) <u>Ill</u>
DATE REC'D BY LOCAL REG. <u>4/13/57</u>	REGISTRAR'S SIGNATURE <u>N.D. Neerue</u>	24. FUNERAL DIRECTOR <u>Edith Cook</u>	ADDRESS <u>Easton Md</u>	

690506

RECEIVED

APR 18 1955

BUREAU W.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

04133

March 22

1. PLACE OF DEATH COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ridgely, Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STREET ADDRESS <u>(rural, give location)</u>	
3. NAME OF DECEASED (Type or Print) <u>Theresa</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>1</u> (Year) <u>1951</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 8, 1883</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE last birthday <u>68</u> yrs. If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Min. _____
10. FATHER'S NAME <u>Mr. Nicholas Krosch</u>		11. BIRTHPLACE (State or foreign country) <u>New York</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		13. SOCIAL SECURITY NO. <u>None</u>	
14. MOTHER'S MAIDEN NAME <u>Unknown</u>		15. INFORMANT AND ADDRESS <u>Dr. George Krussman, Md. Ridgely</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Coronary thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Diabetes mellitus

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE) Yes ☐ No ☐TIME (Month) (Day) (Year) (Hour) OF INJURY m. ☐ While at Work ☐ Not While At work ☐INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1948, to April, 1951, that I last saw the deceasedalive on April 1, 1951, and that death occurred at 5:25 p.m., from the causes and on the date stated above.SIGNATURE Theresa Krussman(Degree or title) Dr.ADDRESS Carson, MarylandDATE SIGNED 3 April 5123. BURIAL, CREMATION OR REMOVAL (Specify) BurialDATE THEREOF 4/4/51NAME OF CEMETERY OR CREMATORY Holy CrossLOCATION (City, town, or county) Near Greensboro(State) Md.DATE REC'D BY LOCAL REG. 4/3/51REGISTRAR'S SIGNATURE N.H. Neirew24. FUNERAL DIRECTOR R.B. Kewling'sADDRESS Greensboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

04134

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md</u> COUNTY <u>Qu Annis</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>EASTON</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Barclay</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STREET ADDRESS <u>Rt D</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Robert</u> (Middle) <u>Louis</u> (Last) <u>Lutche Jr.</u>		4. DATE OF DEATH (Month) <u>4</u> (Day) <u>17</u> (Year) <u>51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10-3-24</u>
9. AGE last birthday <u>26</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic farm machinery</u>	
11. BIRTHPLACE (State or foreign country) <u>Baltimore Md.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Robert L. Lutche</u>		14. MOTHER'S MAIDEN NAME <u>Hattie Quinby</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War II</u>		16. SOCIAL SECURITY NO. <u>219-14-3926</u>	
17. INFORMANT <u>Mrs. Hattie L. Zedekie</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
(a) Immediate cause <u>Impalement</u>		<u>2 hours</u>
(b) Antecedent cause(s) <u>Auto accident</u>		
(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>823,5 1700</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>nr. Prices Sta.</u> (CITY OR TOWN) <u>Easton</u> (COUNTY) <u>Qu Annis</u> (STATE) <u>Md</u>		
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>4</u> <u>17</u> <u>51</u> <u>11</u> a.m.		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> <u>Auto left road - into woods</u>		

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) Louis O. Kelly M.D. D.M.E. ADDRESS Easton, Md. DATE SIGNED 4-17-51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>	DATE THEREOF <u>4/19/51</u>	NAME OF CEMETERY OR CREMATORY <u>Spring Hill</u>	LOCATION (City, town, or county) <u>Easton</u> (State) <u>Md</u>
DATE REC'D BY LOCAL REG. <u>4/18/51</u>	REGISTRAR'S SIGNATURE <u>N.H. Neenan</u>	24. SPECIAL DIRECTOR <u>W.C. Lamb</u>	ADDRESS <u>Easton Md</u>

554356

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 24 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

04135

1. PLACE OF DEATH COUNTY <u>Talbot</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Easton</u> TOWN <u>Rural Easton</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Talbot</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Easton</u> TOWN <u>Rural Easton</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>James</u> (First) <u>Grin</u> (Middle) <u>Markel</u> (Last)		4. DATE OF DEATH <u>April</u> (Month) <u>7</u> (Day) <u>1951</u> (Year)	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 9, 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lawyer</u>	9. AGE last birthday <u>73</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Denville, New Jersey</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>John Markel</u>		14. MOTHER'S MAIDEN NAME <u>Emma Grin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT <u>Mr. John S. Markel Jr.</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) <u>Acute Myocardial Infarction</u>		<u>Instant.</u>
(b) <u>Arteriosclerotic Heart Disease</u>		<u>years</u>
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June, 1950, to March 31, 1951, that I last saw the deceased alive on March 31, 1951, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE <u>Shepard Kech Jr.</u>	(Degree or title) <u>M.D.</u>	ADDRESS <u>Easton</u>	DATE SIGNED <u>4/9/51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>	DATE THEREOF <u>April 10, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Spring Hill</u>	LOCATION (City, town, or county) (State) <u>Easton</u>
DATE REC'D BY LOCAL REG. <u>4/8/51</u>	REGISTRAR'S SIGNATURE <u>N.H. Morris</u>	24. FUNERAL DIRECTOR <u>Walter Back</u>	ADDRESS <u>Easton Md</u>

055879

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 16 1951

BUREAU V. S.

Reg. Dist. No. 290

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>Talbot</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Caroline Co.</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Easton</u> <u>Clinton?</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Easton Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>Albie</u> (Middle) <u>Todd</u> (Last) <u>Morris</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>8</u> (Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>	8. DATE OF BIRTH <u>Nov. 9, 1869</u>
9. AGE last birthday <u>81</u> yrs.		10. If under 1 year Months Days Hours Mln.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>?</u>	
11. BIRTHPLACE (State or foreign country) <u>Ind</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Mr David Todd</u>		14. MOTHER'S MAIDEN NAME <u>Susan Taylor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>unknown</u>	
17. INFORMANT AND ADDRESS <u>Mr. Neal Morris (son) Denton Md</u>			
18. MEDICAL CERTIFICATION			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
904.0	Immediate cause (a) <u>Arterio sclerosis of C. V. system</u>	3.
186.0	Antecedent cause (b) <u>Fracture of right hip.</u>	7 days
	(c) <u>Open reduction of right hip.</u>	2 days.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 6 April 51		19b. MAJOR FINDINGS OF OPERATION Same.		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE Accidents		(Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Home		(CITY OR TOWN) (COUNTY) (STATE) Berkeley Ind.	
TIME (Month) (Day) (Year) (Hour) OF INJURY 1 April 51 m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>		HOW DID INJURY OCCUR? Fall etc Home	

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased

alive on....., 19....., and that death occurred at.....^{11:00} p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
-----------	-------------------	---------	-------------

SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED	
J. E. Kenna		M.D.		Easton, Md			
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)		(State)		
Burial	Apr. 11, 1951	Denton	Denton Maryland				
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE		M. FUNERAL DIRECTOR		ADDRESS		
4/9/57	N. H. Neer		J. Vigil		Easton, Md		

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 10 1904

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

04137

1. PLACE OF DEATH COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton, Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton, Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Anna</u> (First) <u>Parker</u> (Middle) <u>Parker</u> (Last)		4. DATE OF DEATH <u>Nov. 2 - 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Black</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jun 9 - 1885</u>
9. AGE last birthday <u>66</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS or INDUSTRY <u>Iron Foundry</u>	11. BIRTHPLACE (State or foreign country) <u>Easton, Talbot Co</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13. FATHER'S NAME <u>Peter Roberts</u>	14. MOTHER'S MAIDEN NAME <u>Elizabeth Kelly</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY No. <u>220-16-1448</u>	17. INFORMANT AND ADDRESS <u>Margery Miles, Easton, Md</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Multiple fractures + Int. injuries
 (b) Struck by R.R. train

INTERVAL BETWEEN ONSET AND DEATH Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>Port track m. Cordova</u>	(CITY OR TOWN) <u>Talbot</u>	(COUNTY) <u>Md</u>
TIME (Month) (Day) (Year) (Hour) <u>4 2 51</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>walking on R.R. track at night</u>	

22. I hereby certify that I attended the deceased from P.M., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4:30 P.M. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REINTERMENT <u>Burial</u>	DATE THEREOF <u>4-7-51</u>	NAME OF CEMETERY OR CREMATORY <u>Easton Rural</u>	LOCATION (City, town, or county) <u>Md.</u>
DATE REC'D BY LOCAL REG. <u>4/5/51</u>	REGISTRAR'S SIGNATURE <u>A. H. [Signature]</u>	24. FUNERAL DIRECTOR <u>John D. Williams, Easton, Md.</u>	ADDRESS <u>720826</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 10 1951
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

04138

1. PLACE OF DEATH COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Ind</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>M.C. Daniel</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>M.C. Daniel</u>	
TOWN <u>M.C. Daniel</u>		TOWN <u>M.C. Daniel</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Margaret</u>		(First) (Middle) (Last) <u>Pinkney</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov. 4, 1869</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>81</u> 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>M.C. Daniel Ind</u>
13. FATHER'S NAME <u>James Caldwell</u>		14. MOTHER'S MAIDEN NAME <u>Lane Bailey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Hannie Caldwell, M.C. Daniel Ind</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>422.2 Brouchial As Thoma</u>		<u>3099 hrs</u>
Antecedent cause(s) (b) <u>93d Chronic Myocarditis</u>		<u>18 mo</u>
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 15, 1951 to April 24, 1951, that I last saw the deceased alive on April 24, 1951, and that death occurred at 6:15 A.M. from the causes and on the date stated above.

SIGNATURE <u>Harvard T. Webb, M.D.</u>		ADDRESS <u>633 Home St. Easton, Md.</u>		DATE SIGNED <u>4/25/51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>4/27/51</u>	NAME OF CEMETERY OR CREMATORY <u>Colored Cemetery</u>	LOCATION (City, town, or county) <u>M.C. Daniel</u>	(State) <u>Ind</u>
DATE REC'D BY LOCAL REG. <u>April 25-1951</u>	REGISTRAR'S SIGNATURE <u>G. Wesley Sewell</u>	24. FUNERAL DIRECTOR <u>Hearns & Harrison, St. Michael's</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04139 290

1. PLACE OF DEATH- COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MD.</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Nielsboro</u>	
TOWN <u>Memorial Hospital</u>		TOWN <u>Nielsboro</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Romie Garfield Pritchett</u>		4. DATE OF DEATH (Month) <u>4</u> (Day) <u>20</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 27, 1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>garment helper</u>	9. AGE last birthday <u>70</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. FATHER'S NAME <u>Phillip Pritchett</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. MOTHER'S MAIDEN NAME <u>Umera Stewart</u>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT NAME <u>Sadie Pritchett</u>		17. INFORMANT ADDRESS <u>Nielsboro MD</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Subarachnoid Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH 6 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis, generalized

several yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/29/, 1951, to 4/2/, 1951 that I last saw the deceased

alive on 4/2/, 1951, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE M. Cof

(Degree or title)

ADDRESS 2411 N. Charles St. Easton MD

DATE SIGNED 4/3/51

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF April 5

NAME OF CEMETERY OR CREMATORY Southview Cemetery

LOCATION (City, town, or county) Easton

(State) MD

DATE REC'D BY LOCAL REG. 4/3/51

REGISTRAR'S SIGNATURE N. H. Neer

24. FUNERAL DIRECTOR W. H. Neer

ADDRESS W. H. Neer

820105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH- COUNTY <u>Talbot</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton, Md.</u>	
TOWN <u>Easton</u>		TOWN <u>Easton, Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>JAMES</u> (Middle) <u>Russ</u> (Last) <u>Russ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 6 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 4, 1876</u>
9. AGE last birthday <u>74</u> yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Mr. William Russ</u>		14. MOTHER'S MAIDEN NAME <u>Lilly Taylor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>Unknown</u>	
17. INFORMANT AND ADDRESS <u>McClarence Russ (Same)</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) <u>Cirrhosis of Liver</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
Antecedent cause(s) (b) <u>Diabetes mellitus</u>	<u>4 yrs</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION <u>6-1-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Portal Cirrhosis</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 1947, to 4/6/, 1951, that I last saw the deceased alive on 4/6/, 1951, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>4/8/51</u>	NAME OF CEMETERY OR CREMATORY <u>Spring Hill</u>	LOCATION (City, town, or county) (State) <u>Easton Md</u>
DATE REC'D BY LOCAL REG. <u>4/7/51</u>	REGISTRAR'S SIGNATURE <u>N.R. Neerues</u>	24. FUNERAL DIRECTOR <u>Black</u>	ADDRESS <u>Easton Md</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

04141

1. PLACE OF DEATH- COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Easton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Elizabeth. Symington</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>20</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3/25/07</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>St. W.</u>	11. BIRTHPLACE (State or foreign country) <u>Texas</u>
13. FATHER'S NAME <u>John Symington</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>Unknown</u>	
17. INFORMANT AND ADDRESS <u>Evelyn Burt - Oxford Md.</u>		14. MOTHER'S MAIDEN NAME <u>Elyse Duesat</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Hemorrhage</u>		<u>3 hrs</u>
Antecedent cause(s) (b) <u>Carcinoma of Tonsil left</u>		<u>2 yrs</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, to 4/20/1951, that I last saw the deceased alive on 4/20/1951, and that death occurred at 4:35 a.m., from the causes and on the date stated above.

SIGNATURE <u>J. B. Cox</u>		ADDRESS <u>M.D. Easton Md</u>		DATE SIGNED <u>4/20/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Cremation</u>	DATE THEREOF <u>4/21/51</u>	NAME OF CEMETERY OR CREMATORY <u>Forest Lawn</u>	LOCATION (City, town, or county) <u>Bladensburg Md</u>	(State)	
DATE REC'D BY LOCAL REG. <u>4/20/51</u>	REGISTRAR'S SIGNATURE <u>N.H. Neer</u>	24. FUNERAL DIRECTOR <u>John D. Williams</u>		ADDRESS <u>Easton Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04142

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Cecil</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Caston</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Denton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Isaac</u> (Middle) <u>Edna</u> (Last) <u>Spencer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April</u> <u>10</u> <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 9, 1951</u>
9. AGE last birthday <u>—</u> yrs.		10. AGE last birthday (If under 1 year) (If under 24 hrs.) Months <u>—</u> Days <u>10</u> Hours <u>30</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Howard heroy Spencer</u>		14. MOTHER'S MARDEN NAME <u>house walls</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>mother, Denton Maryland</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) prematurityAntecedent cause(s) (b) premature separations of placentaDiseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Probably 2 or 3 daysII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 9, 1951, to April 10, 1951, that I last saw the deceased alive on April 9, 1951, and that death occurred at 7:27 A.m., from the causes and on the date stated above.

SIGNATURE Paul Smith M.D. (Degree or title) ADDRESS Denton Md DATE SIGNED 4/10/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <u>April 11 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Denton Cemetery</u>	LOCATION (City, town, or county) <u>Denton</u>	(State) <u>Md.</u>
DATE REC'D BY LOCAL REG. <u>4/10/51</u>	REGISTRAR'S SIGNATURE <u>M. H. Neerues</u>	24. FUNERAL DIRECTOR <u>J. Virgil Moore</u>		ADDRESS <u>Denton</u>

204091992362

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 18 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

04143

1. PLACE OF DEATH COUNTY <u>Tackett</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Offord</u> COUNTY <u>Tackett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Offord</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Offord, Md</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Ida</u> (First) <u>Virginia</u> (Middle) <u>Stevens</u> (Last)		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>20</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug 27 1863</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None known</u>	9. AGE last birthday <u>87</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Tackett, Md</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>	
13. FATHER'S NAME <u>Edward J. Stevens</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Ann Harland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT <u>Mr. Dennis Higley</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Carcinoma of the head of the pancreas

INTERVAL BETWEEN ONSET AND DEATH

6 mo

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from out, 1950, to 20 Apr, 1951, that I last saw the deceased

alive on 19 Apr, 1951, and that death occurred at 11:30 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Removed</u>	<u>April 23 1951</u>	<u>Offord</u>	<u>Offord, Md</u>	<u>Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>4/21/51</u>	<u>N. W. Neuber</u>	<u>Edith</u>	<u>Carton Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 1 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD.</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Sherrwood</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Guy</u> (Middle) <u>Sturcomb</u> (Last) <u>Sturcomb</u>	4. DATE OF DEATH (Month) <u>April</u> (Day) <u>5</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>Oct. 14, 1945</u>
9. AGE last birthday <u>5</u> yrs.		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>Talbot Co. Md</u>	
13. FATHER'S NAME <u>William M Sturcomb</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>---</u>	
17. INFORMANT AND ADDRESS <u>W.M. Sturcomb, Sherrwood</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Respiratory Failure (arterial)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Degeneration(c) Epilepsy

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

20. AUTOPSY?

Yes ☐ No ☒

22. I hereby certify that I attended the deceased from 3-21, 1951, to 45, 1951, that I last saw the deceased alive on 4-5, 1951, and that death occurred at 8:35 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, RECOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Pt had convulsions at 3mo. D. and operated
on in N.Y.U. for birth injury. Never walked, talked
? Hear or see. Reoperated at N.Y.U. Post. Died. at
4 yrs - unsuccess ful. Came in in status epilepticus
2 pulmonary adoma.

RECEIVED

APR 16 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

04145

1. PLACE OF DEATH COUNTY <u>Talbot</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Easton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>407 North St.</u>	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
<u>George</u>	<u>F</u>	<u>Straughn</u>	
6. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>9/20/59</u>
			9. AGE last birthday <u>92</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10h. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Md.</u>
13. FATHER'S NAME <u>Mr. George W. Straughn</u>		14. MOTHER'S MAIDEN NAME <u>Feebe Cliftay</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Unknown</u>	
		17. INFORMANT AND ADDRESS <u>Ms. Leela Straughn (son)</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause	(a) <u>Acute dilatation of heart</u>	INTERVAL BETWEEN ONSET AND DEATH <u>16 hours</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Arteriosclerotic heart disease</u>	<u>years</u>
	(c)	

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-8-, 1957, to 4-9-, 1957, that I last saw the deceased alive on 4-9-, 1957, and that death occurred at 2:12 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, or other disposal (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>4/12/51</u>	<u>Spring Hill</u>	<u>Easton</u>	<u>Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>4/11/51</u>	<u>N.A. Neerues</u>	<u>Wm. Beck</u>	<u>Easton Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 16 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

04146

1. PLACE OF DEATH- COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Queen Anne</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Easton</u> LENGTH OF STAY (in this place) <u>16 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Chester</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Lucia</u> (Middle) <u>M.</u> (Last) <u>Taylor</u>	4. DATE OF DEATH (Month) <u>April</u> (Day) <u>30</u> (Year) <u>1951</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 24-1881</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	9. AGE last birthday <u>69</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
13. FATHER'S NAME <u>John Obinger</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mr. Viola K. Harris, Chester Maryland</u>		14. MOTHER'S MAIDEN NAME <u>Do not know</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary thrombosis - due to

Antecedent cause(s)

(b)

Coronary atherosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Chronic cholecystitis

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Work Not While At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to 30 April, 1951, that I last saw the deceased

alive on April 29, 1951, and that death occurred at 12:00 A.M., from the causes and on the date stated above.

SIGNATURE James H. Harrison M.D. ADDRESS Chester Maryland DATE SIGNED 3 May 51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Burial 5/3/51 Oak Lawn Balto. Md.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

4/30/51 M.H. Neeress Barton Ben Centerville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

04147

1. PLACE OF DEATH COUNTY <u>TALBOT</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>TALBOT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>EASTON</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>EASTON</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>CARROLL'S ADDITION</u>		STREET ADDRESS (If rural, give location) <u>CARROLL'S ADDITION</u>	
3. NAME OF DECEASED (Type or Print) <u>WILLIE EARLE TODD</u>		4. DATE OF DEATH <u>APR. 1 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 21 1920</u>
9. AGE last birthday <u>81</u> yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>	11. BIRTHPLACE (State or foreign country) <u>TUNNIS MILLS, MD.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>JOHN BENNETT TODD</u>		14. MOTHER'S MAIDEN NAME <u>SARAH ANN TODD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY No. <u>NONE</u>	
17. INFORMANT AND ADDRESS <u>MRS. RUTH TODD, EASTON, MD.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Arteriosclerotic Heart Disease

Antecedent cause(s)

(b) Generalized Arteriosclerosis(c) 420.0 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

INTERVAL BETWEEN ONSET AND DEATH

Years.years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 5, 1951, to 4/1, 1951, that I last saw the deceased alive on 3/29, 1951, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	DATE THEREOF <u>APR. 3 1951</u>	NAME OF CEMETERY OR CREMATORY <u>SPRING HILL CEMETERY</u>	LOCATION (City, town, or county) <u>EASTON, MARYLAND</u>	(State)
DATE REC'D BY LOCAL REG. <u>4/2/51</u>	REGISTRAR'S SIGNATURE <u>N.D. Neerues</u>	24. FUNERAL DIRECTOR <u>John D. Williams</u>	ADDRESS <u>EASTON, MD.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

290699



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH- COUNTY <u>Tacket</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u> OR TOWN <u>Easton Md.</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place) <u>30 yrs</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Tacket</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton Md.</u> OR TOWN <u>Easton Md.</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Barclay</u> (First) <u>Harkins</u> (Middle) <u>Truitt</u> (Last)		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>1</u> (Year) <u>1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 15, 1917</u>	9. AGE last birthday <u>73</u> yrs	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Commercial Traveler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Comm. Insurance</u>		11. BIRTHPLACE (State or foreign country) <u>Easton, Tacket County, Md.</u>	
12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>William J. Truitt</u>		14. MOTHER'S MAIDEN NAME <u>Annie R. Townsend</u>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u> (If year, give year or dates of service)		16. SOCIAL SECURITY NO. <u>216-03-7460</u>		17. FORMER AND ADDRESS <u>Mrs Barclay Truitt Easton Md</u>	
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause (a) <u>Gastro Intestinal Hemorrhage, C.N.D.</u>				1 month	
Antecedent cause(s) (b) <u>578X</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>872</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Huntington's Chorea</u>				20 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1946</u> , to <u>4/11</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/11</u> , 19 <u>51</u> , and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.					
SIGNATURE <u>J. B. Cox</u>		(Degree or title) <u>M.D.</u>		ADDRESS <u>Easton Md.</u> DATE SIGNED <u>4/21/51</u>	
23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		DATE <u>April 3, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Easton Md.</u>	
LOCATION (City, town, or county) <u>Easton Md.</u>		(State) <u>Md.</u>			
DATE REC'D BY LOCAL REG. <u>4/2/51</u>		REGISTRAR'S SIGNATURE <u>W. A. Naderis</u>		24. FUNERAL DIRECTOR <u>Easton Md.</u> ADDRESS <u>716</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>Talbot Co</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>JOHN</u> (First) <u>HARRISON</u> (Middle) <u>WEBB</u> (Last)		4. DATE OF DEATH <u>April</u> (Month) <u>7</u> (Day) <u>1957</u> (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 10 1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Ind</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13. FATHER'S NAME <u>Asbury Webb</u>		14. MOTHER'S MAIDEN NAME <u>Emily Ann Hicks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>✓</u>	
17. INFORMANT AND ADDRESS <u>Human Webb</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Chronic Myocarditis</u>	Antecedent cause(s) (b) <u>Coronary Arteriosclerosis</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>93d</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 1950, to April 1957, that I last saw the deceased alive on 4-4, 1957, and that death occurred at 5:00 m., from the causes and on the date stated above.

SIGNATURE <u>Dr. F. Buell</u> (Degree or title)		ADDRESS <u>Easton Md</u>		DATE SIGNED <u>4-9-57</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE <u>April 11/57</u>		NAME OF CEMETERY OR CREMATORY <u>New Chapel</u>	
LOCATION (City, town, or county) <u>Easton Md</u>		(State) <u>Md</u>			
DATE REC'D BY LOCAL REG. <u>4/6/57</u>		REGISTRAR'S SIGNATURE <u>N.B. Neeriss</u>		24. FUNERAL DIRECTOR <u>Carl W. Hylford</u>	
				ADDRESS <u>Easton Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 16 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Webb
8:40 Pm

04150

Item 9:

FILED No. G 132 APR 30 1957

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY <u>Talbot</u> STATE <u>Md</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY <u>Talbot</u> STATE <u>Md</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Easton Md</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Easton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harmond St</u>		STREET ADDRESS (If rural, give location) <u>Harmond St</u>	
3. NAME OF DECEASED (Type or Print) <u>Charles</u> (First) <u>H.</u> (Middle) <u>Wilson</u> (Last)	4. DATE OF DEATH Month <u>4</u> Day <u>19</u> Year <u>1957</u>	5. SEX <u>male</u> 6. COLOR OR RACE <u>cal</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 8, 1879</u>	9. AGE last birthday <u>70</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Md.</u>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>John Wilson</u>	
14. MOTHER'S MAIDEN NAME <u>Elyzabeth Bantman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>1</u>		17. INFORMANT <u>Ellie Warner</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Tetanus

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Rusty nail wound

(c)

INTERVAL BETWEEN ONSET AND DEATH

5-6 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work Not While At work	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 4/7, 1957, to 4/19, 1957, that I last saw the deceased alive on 4/19, 1957, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>4-25-57</u>	<u>Irony Town Cem</u>	<u>Irony Town Md.</u>	<u>Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>4/28/57</u>	<u>N.H. Neerius</u>	<u>Booker on West</u>	<u>510246 Salisbury Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 26 1938
BUREAU V. S.